

**ASSUMPTION PROGRAM OF LOAN FOR EDUCATION (APLE)  
2006 Loan Balance Verification Form**

LENDERS MUST COMPLETE AND RETURN THIS FORM TO:

California Student Aid Commission – Specialized Programs  
P.O. Box 419029, Rancho Cordova, CA 95741-9029  
Phone #: (888) 224-7268, option 3 Fax #: (916) 526-7977

The California Student Aid Commission (Commission) is authorized to assume portions of the following APLE participant's educational loan debts. If the Commission determines that the participant is eligible for APLE benefits, an assumption payment will be issued.

**SECTION I: TO BE COMPLETED BY PARTICIPANT (please print or type)**

I hereby authorize a lending institution official to complete and release, to the Commission, the information requested below.

PARTICIPANT'S NAME

PARTICIPANT'S SSN

PARTICIPANT'S SIGNATURE

DATE



**AFTER YOU HAVE COMPLETED SECTION I,  
DO NOT SEND THIS BACK TO THE COMMISSION YET  
FORWARD THIS FORM TO YOUR LENDER TO COMPLETE SECTION II.**



**SECTION II: TO BE COMPLETED BY A LENDING INSTITUTION OFFICIAL (please print or type)**

~IF THE LOAN HAS BEEN SOLD, PLEASE FORWARD THIS FORM TO THE NEW LENDER/SERVICER~

ACCOUNT #	LOAN TYPE	SUB OR UNSUB	INTEREST RATE	DISBURSEMENT DATE	JUNE 30, 2006 PAYOFF AMOUNT	COMMISSION/EDFUND GUARANTEED please circle	IF DEFAULT please circle
					\$	Y / N	Y / N
					\$	Y / N	Y / N
					\$	Y / N	Y / N
					\$	Y / N	Y / N
					\$	Y / N	Y / N
					\$	Y / N	Y / N
TOTAL:					\$		

PLEASE INDICATE WHERE THE APLE PAYMENT IS TO BE SENT:

LENDER/SERVICER NAME

7 DIGIT LENDER CODE

ADDRESS WHERE PAYMENT IS TO BE SENT

CITY

STATE

ZIP

By my signature, I certify under penalty of perjury that the information provided on this form is, to the best of my knowledge, correct and accurate.

SIGNATURE OF LENDING INSTITUTION OFFICIAL

PRINTED NAME OF OFFICIAL

E-MAIL ADDRESS  
T-121 (01/06)

DIRECT TELEPHONE NUMBER

DATE

